

PR6
PRESENTATION OF THE ACTIVITIES OF THE ISOQOL TRANSLATION AND CULTURAL ADAPTATION SPECIAL INTEREST GROUP (TCA-SIG)Conway K¹, Patrick DL², Martin M³, Eremenco S⁴, Petkova I¹¹MAPI Research Trust, Lyon, France, ²University of Washington, Seattle, WA, USA, ³Health Research Associates, Inc., Seattle, WA, USA, ⁴Evanston Northwestern Healthcare Research Institute, Evanston, IL, USA

OBJECTIVES: In response to increasing interest in cross-cultural issues, the International Society for Quality of Life Research (ISOQoL) created a special interest group in the field of translation and cultural adaptation (TCA-SIG). The aims are: 1) to identify and advance research in the fields of translation and cultural adaptation of PRO measures, and 2) to provide an evidence database on translation and cultural adaptation of PROs. **METHODS:** The 21 member TCA-SIG counts 3 subgroups pursuing individual objectives to meet the overall aims: 1) the cross-cultural issues subgroup addresses issues related to the access of copyrighted instruments, the translation of PROs and their use in e-format; 2) the Translation Methodology subgroup pursues a research agenda for the development of methodologies in the field of translation and cross-cultural research; and 3) the pooling of cross-cultural data subgroup investigates methods for analyzing the ability to pool PRO data across translations and develops criteria for when pooling is not justified. **RESULTS:** 1) The first subgroup put together a list of recommendations for developers and users of PRO measures based on the review of translation difficulties and copyright issues; 2) The second subgroup has completed a first analysis to identify the most crucial aspect in the standard PRO translation methodology based on the review of errors avoided during each translation step. It is also involved in establishing criteria for an international certification programme for PRO translations; 3) The third subgroup is currently analyzing clinical trial data obtained from 3 PRO measures from multiple clinical trials in different countries. Concrete examples of the work of the 3 subgroups will be given in the presentation. **CONCLUSIONS:** The ISOQoL TCA-SIG is involved in projects to identify and advance research in the fields of translation and cross-cultural adaptation. Links with similar activities within ISPOR should be explored to coordinate efforts.

PR7
EVALUATION OF ALTERNATIVE METHODS OF TRANSLATING PATIENT-REPORTED OUTCOME MEASURESMcKenna SP¹, Hagell P², Hedin PJ³, Nyberg L²¹Galen Research, Manchester, UK, ²Lund University, Lund, Sweden, ³Central Hospital, FALUN, Sweden

OBJECTIVES: To compare Rheumatoid Arthritis Quality of Life questionnaire (RAQoL) acceptability and psychometric properties following translation using forward-backward (FB) and dual-panel (DP) methodologies. **METHODS:** The 30-item RAQoL has been adapted for use in Sweden independently by two groups. One used FB and the other DP (translation by bilingual Swedes followed by lay panel linguistic review) methods. The methods produced identical wording for 7 items. The two versions of the remaining items were evaluated by 23 bilingual Swedes who indicated their preferred version for each item. Fifty people with RA reported their preference for each item (presented in a paired blinded fashion) and 2 lay panels evaluated item pairs regarding appropriateness. A postal survey of 200 people with RA was then conducted to test the psychometric properties of the two versions. Participants were randomly assigned to complete either the FB or DP version first and the other 2 weeks later. **RESULTS:** The bilinguals showed no preference ($p = 0.196$), whereas patients and lay people preferred DP over FB item versions ($p < 0.0001$). Mean (SD) RAQoL scores were 10.2 (7.4) for the FB, and 11.3 (7.5) for the DP version ($p = 0.151$). Floor effects were small (FB, 6.1%; DP, 4.4%) and ceiling effects were negligible (FB, 0%; DP, 0.7%). Reliability was 0.92 for both versions, which were able to discriminate between respondents according to perceived general health, RA severity and whether they had a current symptom flare-up. **CONCLUSIONS:** The DP approach showed advantages over FB translation in terms of preference by the target population and by lay people, while there were no obvious psychometric differences. The preference of the DP approach by patients contradicts the commonly held view that FB translation is the "gold standard". Additional head-to-head comparisons using other scales, languages and target groups are needed.

PR8
VALIDATION OF THE PROQOL-HIV QUESTIONNAIRE IN LIGHT OF CROSS-CULTURAL DIFFERENCES FROM 5 CONTINENTSDuracinsky M¹, Acquadro C², Lalanee C³, Herrmann S⁴, Berzins B⁵, Lecoeur S⁵, Diouf A⁶, Fournier-Nicolle I⁷, Lau J⁸, Schechter M⁹, Chassany O¹⁰¹Centre Hospitalier Universitaire de Bicetre, Le Kremlin-Bicetre, France, ²Hôpital Saint Louis, Paris, France, ³Royal Perth Hospital, Perth, Australia, ⁴Northwestern University, Chicago, Chicago, IL, USA, ⁵Programme for HIV Prevention and Treatment (PHPT), Chiang Mai, Thailand, ⁶Centre de Recherche Clinique de Fann (CRCCF), Dakar, Senegal, ⁷Hôpital Calmette, Phnom Penh, Cambodia, ⁸Chinese University of Hong Kong, Hong Kong, China, ⁹Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil, ¹⁰Assistance Publique—Hôpitaux de Paris, Paris, France

OBJECTIVES: The PROQOL-HIV questionnaire was developed to measure the health-related quality-of-life (HRQL) of People living with HIV/AIDS (PLWHA) in different cultures in the highly-active antiretroviral therapy era. This study presents the psychometric validation and the conceptual model: the psychosocial and clinical factors impacting on HRQL. **METHODS:** 830 patients were included in a cross-sectional survey in 8 countries: Australia, Brazil, Cambodia, China, France, Senegal, Thailand

and USA. Item reduction was based on content, distribution of responses and factorial analysis. Reliability, construct and clinical validity with reference to biological markers and socio-demographic data were assessed. **RESULTS:** The 39-item questionnaire (and 4 individual items including Care Satisfaction and Financial Impact) demonstrates consistent psychometric properties (60% variance explained, Cronbach's alpha above 0.8, intrascale correlations above 0.5). Concurrent validity was demonstrated (MOS-HIV, EQ-5D). From 9 dimensions, 4 subscores were derived: Physical Health and Symptoms, Treatment Impact, Social and Intimate Relationships, Emotional Distress. Significant differences in HRQL scores according to symptoms, comorbidities, CD4 and CDC stage support our endpoint model. PROQOL-HIV dimensionality across countries is consistent with previous qualitative research. Western countries (early diagnosis and treatment, higher income) and emerging countries like Thailand and Brazil had better HRQL than China and Cambodia. Chinese and Khmer patients had lower HRQL scores ($p < 0.001$), particularly on physical health and symptoms, health concerns, and stigma dimension, which was highest in Senegal. Between-country differences are also reflected by significant correlations between PROQOL scores and external factors: frequency of symptoms (higher in Cambodia, China and Thailand), comorbidities (higher frequency of psychiatric disorders in Cambodia), and CD4 count (low in Chinese and Khmer patients). These results refine the conceptual model and support the validity of the PROQOL-HIV questionnaire. **CONCLUSIONS:** PROQOL-HIV is a valid questionnaire to assess the quality-of-life of PLWHA and sensitive to clinical outcome measures and cultural differences.

PODIUM SESSION IV: WILLINGNESS TO PAY STUDIES**WP1**
COMPARISON OF A DIRECT AND AN INDIRECT METHOD TO DERIVE WILLINGNESS TO PAY FOR COMPLEX HEALTH STATES IN OBSTETRICSBijlenga D¹, Bonsel GJ², Birnie E²¹Academic Medical Centre, Amsterdam, The Netherlands, ²Erasmus Medical Centre, Rotterdam, The Netherlands

OBJECTIVES: To compare direct and indirect willingness to pay (WTP) elicitation methods in terms of feasibility, reliability, and validity. The study is applied in obstetrics, in which both the mother and child's health are at stake simultaneously, with usual trade off of benefits and risks. **METHODS:** An open-ended contingent valuation method (CVM) as a direct WTP elicitation method, and the discrete choice experiment (DCE) as an indirect WTP elicitation method. Vignettes to be valued were directly derived from real clinical patient data. Vignette domains were selected in a preparatory preference study among various stakeholders. The vignettes to be valued were sent to a sample of lay persons by mail. **RESULTS:** We analyzed data of 88 participants. The DCE task was completed faster ($p = 0.006$) and was regarded easier ($p < 0.001$) than the CVM task. Test-retest quality for CVM was substantial (ICC = 0.76), and for DCE moderate ($\kappa = 0.49$). Variables that had effect on WTP were female sex ($p < 0.001$), age ≥ 50 years ($p = 0.013$), higher income ($p < .001$), and higher education ($p < 0.001$). Kendall's Tau-b correlation between CVM and DCE weights was 0.79 ($p < 0.001$). The implied WTP as derived from the relevant DCE attribute weights was between 2.3 and 10.2 as large as the WTP derived from CVM. **CONCLUSIONS:** The CVM is more stable over time, but the DCE has better user-feasibility. The monetary differences between valuations of two health states (CVM) are considerably smaller than the estimated marginal costs of a health state change (DCE). The use of DCE had no methodological benefits over the conventional CVM when measuring complex health states such as in obstetrics.

WP2
VALUE OF POSTOPERATIVE ACUTE PAIN CARE FOR PATIENTS OPERATED BY LAPAROTOMY IN A DEPARTMENT OF DIGESTIVE SURGERY IN A FRENCH UNIVERSITY HOSPITAL: A WILLINGNESS TO PAY STUDYBocquet F¹, Thiriat N¹, Beaussier M¹, Aissou M¹, Preziosi C¹, Borget I², Tilleul P¹¹St-Antoine Hospital, Paris, France, ²Institut de Cancérologie Gustave Roussy, Villejuif, France

OBJECTIVES: Postoperative pain is a common complication after heavy abdominal surgery. Expensive medicals and technologies aiming to reduce this pain are developing currently. Economic evaluations of such therapies have been performed but have been hindered by the need to assess the disutility of short-term health care side effects such as pain felt after the operation. The contingent valuation approach using a willingness to pay (WTP) approach has been used in order to estimate the short-term benefits of analgesic therapy. **METHODS:** Prospective study related to patients operated by laparotomy in the department of Digestive Surgery of the Saint-Antoine hospital were asked before and after the surgery to assess the impact of pain on an analogical visual scale from 0 to 10 and to indicate their out of pocket WTP for an improved treatment that would reduce their postoperative pains respectively of 20%, 50% and 80%. They reveal their own health care preferences about pain through a scenario. Patients' responses were analyzed considering their sociodemographic characteristics, postoperative pains and pain experience anteriorities, their incomes, the analgesic techniques used for each of them. **RESULTS:** A total of 108 patients have been enrolled (sex ratio: 0.53, age: 58 ± 17 years). The impact of pain was assessed at $8.2/10 \text{ cm} \pm 2.2 \text{ cm}$. The means WTP for the 20, the 50 and the 80% postoperative pain reductions were respectively of €113.5 (\pm €9.8€), 189.4 (\pm €11.9) and €281.9€ (\pm €27.1) for the preoperative questionnaire and of €116.2 (\pm €10.5), €197.2 (\pm €12.6) and €289.2 (\pm €14.5€) for the postoperative pain reductions for the postoperative